

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	1	✓	12/23/01
2	2	✓	12/23/01
3	3	✓	12/23/01
4	4	✓	12/23/01
5	5	✓	12/23/01
6	6	✓	12/23/01
7	7	✓	12/23/01
8	8	✓	12/23/01
9	9	✓	12/23/01
10	10	✓	12/23/01
11	11	✓	12/23/01
12	12	✓	12/23/01
13	13	✓	12/23/01
14	15	✓	12/23/01
15	16	✓	12/23/01
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If more than 150 claims or 10 actions  
staple additional sheet here

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